

**Accountability 1  
Alamance-Caswell**

**Corrective Actions as of the End of the First Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				No data submission to the CDW for Quarter 1 (July, Aug & Sept.).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				61% of the expected number of initial COI's were submitted for the time 04/01/03 - 06/30/03

**Accountability 1  
Albemarle**

**Corrective Actions as of the End of the First Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				71% of the expected number of initial COI's were submitted for the time 04/01/03 - 06/30/03

**Accountability 1  
Blue Ridge**

**Corrective Actions as of the End of the First Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				78% of the expected number of initial COI's were submitted for the time 04/01/03 - 06/30/03

## Accountability 1

## Catawba

### Corrective Actions as of the End of the First Quarter 2003-2004

[illegible]

## Accountability 1 CenterPoint

### Corrective Actions as of the End of the First Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				51% of the expected number of initial COI's were submitted for the time 04/01/03 - 06/30/03


## Accountability 1 Crossroads

### Corrective Actions as of the End of the First Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				72% of the expected number of initial COI's were submitted for the time 04/01/03 - 06/30/03

## Accountability 1 Cumberland

### Corrective Actions as of the End of the First Quarter 2003-2004

[illegible]

## Accountability 1 Davidson

### Corrective Actions as of the End of the First Quarter 2003-2004

[illegible]



## Accountability 1 Durham

### Corrective Actions as of the End of the First Quarter 2003-2004

[illegible]

**Accountability 1  
EastPointe**

**Corrective Actions as of the End of the First Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).

**Accountability 1  
Edgecombe-Nash**

**Corrective Actions as of the End of the First Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003	09/15/2003			No data submission to the CDW for Quarter 1.

## Accountability 1 Foothills

### Corrective Actions as of the End of the First Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 4th Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing third quarter 02-03 CTSP Waitlist information for Foothills Area Program by September 15, 2003.	Child and Family Services	09/15/2003				
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Required Data Fields Exceeds 10% (Ability to Pay & EAP Code).

## Accountability 1 Guilford

### Corrective Actions as of the End of the First Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				49% of the expected number of initial COI's were submitted for the time 04/01/03 - 06/30/03

## Accountability 1 Johnston

### Corrective Actions as of the End of the First Quarter 2003-2004

[illegible]

## Accountability 1

### Lee-Harnett

### Corrective Actions as of the End of the First Quarter 2003-2004

[illegible]

## Accountability 1 Mecklenburg

### Corrective Actions as of the End of the First Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 (for August & September) for Facility Code 13101. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				No data submission for facility code 13101 to the CDW for Quarter 1 (Aug. & Sept.).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Diagnoses Exceeds 10% (Primary).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				18% of the expected number of initial COI's were submitted for the time 04/01/03 - 06/30/03



**Accountability 1  
Neuse**

**Corrective Actions as of the End of the First Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 (Sept.). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				No data submission to the CDW for Quarter 1 (Sept.).
03-04 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				84% of the expected number of initial COI's were submitted for the time 04/01/03 - 06/30/03

**Accountability 1  
New River**

**Corrective Actions as of the End of the First Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).

**Accountability 1  
Onslow**

**Corrective Actions as of the End of the First Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				82% of the expected number of initial COI's were submitted for the time 04/01/03 - 06/30/03

**Accountability 1  
Orange-Person-Chatham**

**Corrective Actions as of the End of the First Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				No data submission to the CDW for Quarter 1 (July, Aug. & Sept.).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				85% of the expected number of initial COI's were submitted for the time 04/01/03 - 06/30/03

## Accountability 1 Pathways

### Corrective Actions as of the End of the First Quarter 2003-2004

[illegible]

## Accountability 1 Piedmont

### Corrective Actions as of the End of the First Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				62% of the expected number of initial COI's were submitted for the time 04/01/03 - 06/30/03

**Accountability 1  
Pitt**

**Corrective Actions as of the End of the First Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments

## Accountability 1 Randolph

### Corrective Actions as of the End of the First Quarter 2003-2004

[illegible]



### Corrective Actions as of the End of the First Quarter 2003-2004

[illegible]

**Accountability 1  
RiverStone**

**Corrective Actions as of the End of the First Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Required Data Fields Exceeds 10% (Ability to Pay).

# Accountability 1 Rockingham

## Corrective Actions as of the End of the First Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				73% of the expected number of initial COI's were submitted for the time 04/01/03 - 06/30/03

**Accountability 1  
Rutherford-Polk**

**Corrective Actions as of the End of the First Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				31% of the expected number of initial COI's were submitted for the time 04/01/03 - 06/30/03

## Accountability 1 Sandhills

### Corrective Actions as of the End of the First Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				66% of the expected number of initial COI's were submitted for the time 04/01/03 - 06/30/03

**Accountability 1  
Southeastern Center**

**Corrective Actions as of the End of the First Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments

**Accountability 1**  
**Southeastern Regional**

**Corrective Actions as of the End of the First Quarter 2003-2004**

<b>Source/ Origination Date</b>	<b>Description of Required Corrective Action</b>	<b>Section/ Branch Requiring Corrective Action</b>	<b>Due Date for Corrective Action Plan/ Corrective Action</b>	<b>Approval Date of Corrective Action Plan/ Corrective Action</b>	<b>Date of Section/ Branch Follow-up to Verify Implementation</b>	<b>Date of Issues Being Fully Resolved</b>	<b>Comments</b>

## Accountability 1 Smoky Mountain

### Corrective Actions as of the End of the First Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				69% of the expected number of initial COI's were submitted for the time 04/01/03 - 06/30/03



## Accountability 1 Tideland

### Corrective Actions as of the End of the First Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 3rd Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing third quarter 02-03 CTSP Waitlist information for Tideland Area Program by June 15, 2003.	Child and Family Services	06/15/2003				
02-03 Performance Agreement 4th Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing fourth quarter 02-03 CTSP Waitlist information for Tideland Area Program by September 15, 2003.	Child and Family Services	09/15/2003				
02-03 Performance Agreement 4th Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing third quarter 02-03 CTSP Waitlist information for Tidelands Area Program by September 15, 2003.	Child and Family Services	09/15/2003				
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted with 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Substance Abuse Data Exceeds 10% (Service Type, Methedone, UFDS Code).

**Accountability 1****Tideland****Corrective Actions as of the End of the First Quarter 2003-2004**

<b>Source/ Origination Date</b>	<b>Description of Required Corrective Action</b>	<b>Section/ Branch Requiring Corrective Action</b>	<b>Due Date for Corrective Action Plan/ Corrective Action</b>	<b>Approval Date of Corrective Action Plan/ Corrective Action</b>	<b>Date of Section/ Branch Follow-up to Verify Implementation</b>	<b>Date of Issues Being Fully Resolved</b>	<b>Comments</b>
03-04 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				11% of the expected number of initial COI's were submitted for the time 04/01/03 - 06/30/03

### Corrective Actions as of the End of the First Quarter 2003-2004

[illegible]

**Accountability 1**  
**Vance-Warren-Granville-Franklin**

**Corrective Actions as of the End of the First Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice).
03-04 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				78% of the expected number of initial COI's were submitted for the time 04/01/03 - 06/30/03

**Accountability 1  
Wake**

**Corrective Actions as of the End of the First Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				47% of the expected number of initial COI's were submitted for the time 04/01/03 - 06/30/03

**Accountability 1**  
**Wayne**

**Corrective Actions as of the End of the First Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments

## Accountability 1

### Wilson-Greene

### Corrective Actions as of the End of the First Quarter 2003-2004

[illegible]

2003-2004 Performance Agreement  
First Quarter Report  
July 1, 2003 – September 30, 2003

## Fiscal Management 2

**Performance Requirement:** Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: **Substance Abuse/Juvenile Justice Initiative Quarterly Report**

AREA PROGRAM/ COUNTY	SA/JUVENILE JUSTICE PROGRAM	Criterion 1				Criterion 2				Criterion 3			
		Receipt of Report from Area Program (Date Received)				Timeliness of Receipt of Report (Yes/No)				Completeness of Report (Yes/No)			
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
# and % of Area Programs <b>Meeting</b> Criterion	<b>Meeting</b> Criterion Reflected by Date or 'Y'	34				25				34			
		97 %				71 %				97 %			
# and % of Area Programs <b>Not Meeting</b> Criterion	<b>Not Meeting</b> Criterion Reflected by 'None' or 'N'	1				10				1			
		3 %				29 %				3 %			
Alamance-Caswell	MAJORS	11/5				N				Y			
Albemarle	Multi-Purpose GH	10/29				N				Y			
Blue Ridge	Juvenile Detention	10/16				Y				Y			
	Youth Develop. Ctr.	10/16				Y				Y			
	BRIDGE Program	10/16				Y				Y			
CenterPoint	Juvenile Detention	10/29				N				Y			
	MAJORS	10/29				N				Y			
Cumberland	Juvenile Detention	10/23				N				Y			
	MAJORS	10/23				N				Y			
Durham	Juvenile Detention	10/28				N				Y			
	MAJORS	10/9				Y				Y			
Eastpoint	Youth Develop. Ctr.	10/16				Y				Y			
	Multi-Purpose GH	10/19				Y				Y			
Foothills	Juvenile Detention	10/24				N				Y			
Guilford	Juvenile Detention	10/9				Y				Y			
	MAJORS	10/14				Y				Y			
Mecklenburg	Juvenile Detention	10/20				Y				Y			
Neuse	Multi-Purpose GH	10/20				Y				Y			
	MAJORS	10/20				Y				Y			
Pathways	Juvenile Detention	10/20				Y				Y			
Piedmont	Youth Develop. Ctr.	10/20				Y				Y			
	MAJORS	10/20				Y				Y			
Pitt	Juvenile Detention	10/17				Y				Y			
	MAJORS	10/13				Y				Y			
Roanoke-Chowan	Multi-Purpose GH	10/21				N				Y			
Rockingham	MAJORS	10/17				Y				Y			
Sandhills	Juvenile Detention	10/20				Y				Y			
	Youth Develop. Ctr.	10/20				Y				Y			
	MAJORS	10/20				Y				Y			
SE Center	Juvenile Detention	10/13				Y				Y			
SE Regional	Multi-Purpose GH	10/16				Y				Y			
Tideland	MAJORS	10/14				Y				Y			
V-G-F-W	Youth Develop. Ctr.	None				N				N			
Wake	Juvenile Detention	10/20				Y				Y			
	MAJORS	10/20				Y				Y			

\*Report revisions are designated in bold and based on data received after the last Performance Agreement Quarterly Report.



**I. Performance Agreement Requirement under Fiscal Management 2**

The Substance Abuse/Juvenile Justice Initiative Quarterly Report is to be completed by designated area programs and contract agencies and submitted to the Community Policy Management (CPM) Section-Quality Management to the attention of Terrie Qadura, SA/JJ Initiative Quarterly Report Coordinator, at 3004 Mail Service Center, Raleigh, NC 27699-3004 or to Suite 1168, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC. Questions about Report completion may be directed to Terrie Qadura or Spencer Clark at (919) 733-0696.

**II. Description of CPM Review Summary of Area Program Compliance with Division SFY 03-04 Performance Agreement: Substance Abuse/Juvenile Justice Initiative Quarterly Report**

The CPM Review Summary for the Substance Abuse/Juvenile Justice Initiative Quarterly Report has been developed to provide information about area program and contract agency compliance with designated criteria that have been selected for these programs for SFY 02-03. Evaluation of compliance on individual criterion has been determined through comparison of the program's documentation on the Quarterly Reports for the report period for each of the following:

**Criterion 1: Receipt of Report from Area Program**

Receipt of Report from Area Program will be determined on the basis of whether a report has been received by the CPM Section State Office prior to the date of the CPM Review Summary completion and submission to the Division's Program Evaluation Branch.

**Criterion 2: Timeliness of Receipt of Report**

The applicable dates for the Substance Abuse/Juvenile Justice Initiative Quarterly Report of Area Program Compliance with Division SFY 2003-2004 Performance for the period of July 1, 2003 through June 30, 2004 are as follows:

<b>Report Quarter:</b> <u>1<sup>st</sup></u>	<b>Report Period:</b> <u>07/01/03 – 9/30/03</u>	<b>Due Date:</b> <u>10/20/03</u>
<b>Report Quarter:</b> <u>2<sup>nd</sup></u>	<b>Report Period:</b> <u>10/01/03 – 12/31/03</u>	<b>Due Date:</b> <u>01/20/04</u>
<b>Report Quarter:</b> <u>3<sup>rd</sup></u>	<b>Report Period:</b> <u>01/01/04 – 03/31/04</u>	<b>Due Date:</b> <u>04/20/04</u>
<b>Report Quarter:</b> <u>4<sup>th</sup></u>	<b>Report Period:</b> <u>04/01/03 – 06/30/03</u>	<b>Due Date:</b> <u>07/20/04</u>

Timeliness of report receipt will be determined on the basis of whether submission to Terrie Qadura in the CPM State Office has been as follows:

- Receipt by US Mail, commercial carrier, or courier not later than by 5:00 pm on the due date; or
- Receipt by E-Mail to **Terrie.Qadura@ncmail.net** not later than by 5:00 pm on the due date; or
- Receipt by fax to **Terrie Qadura** at (919) 715-3604 later than by 5:00 on the due date, with verbal confirmation by the program with **Terrie Qadura** at (919) 733-0696 of actual report receipt.

**Note:** If an area program report Due Date falls on a Saturday, Sunday, or Holiday, the report will be considered timely by the Community Policy Management Section-Quality Management if received by 5:00 pm on the immediately following business day.

**Criterion 3: Completeness of Report**

Completeness of report submission will be determined on the basis of submission to the Community Policy Management Section-Quality Management with full data for all applicable report sections.

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### Accountability 3

**Performance Requirement: Unknown Values in Mandatory Fields in the CDW- Not To Exceed 15%**

Explanation: The following table depicts the percentage of clients admitted during quarter 4 with unknown values in mandatory data fields.

**Percentage Unknown Quarter 4 (Apr-Jun 2003)**

Area Program/County	AREA CODE	COUNTY	RACE	ETHNICITY	GENDER	MARITAL STATUS
Alamance-Caswell	205	0%	0%	0%	0%	0%
Albemarle	412	0%	1%	1%	0%	0%
Blue Ridge	102	0%	0%	0%	0%	0%
Catawba	109	0%	0%	1%	0%	0%
CenterPoint	202	0%	0%	0%	0%	1%
Crossroads	201	1%	3%	6%	0%	2%
Cumberland	305	0%	0%	0%	0%	0%
Davidson	302	0%	0%	0%	0%	1%
EastPointe	413	0%	2%	1%	0%	3%
Durham	207	0%	5%	3%	0%	4%
Edgecombe-Nash	405	0%	1%	1%	0%	0%
Foothills	105	0%	1%	0%	0%	1%
Guilford	204	0%	1%	3%	0%	1%
Johnston	307	0%	0%	0%	0%	0%
Lee-Harnett	306	0%	0%	0%	0%	3%
Mecklenburg	110	0%	0%	2%	0%	1%
Neuse	407	0%	0%	1%	0%	0%
New River	103	0%	1%	14%	0%	2%
Onslow	402	0%	0%	0%	0%	0%
Orange-Person-Chatham	206	0%	0%	0%	0%	0%
Pathways	108	0%	0%	0%	0%	0%
Piedmont	112	5%	2%	5%	0%	2%
Pitt	409	0%	1%	0%	0%	4%

Area Program/County	AREA CODE	COUNTY	RACE	ETHNICITY	GENDER	MARITAL STATUS
Randolph	310	0%	0%	0%	0%	0%
RiverStone	406	0%	0%	0%	0%	0%
Roanoke-Chowan	410	0%	0%	0%	0%	0%
Rockingham	203	0%	0%	0%	0%	0%
Rutherford-Polk	106	0%	0%	0%	0%	0%
Sandhills	303	0%	0%	0%	0%	0%
SE Center	401	0%	0%	1%	0%	1%
SE Regional	304	0%	0%	0%	0%	0%
Smoky Mountain	101	0%	2%	0%	0%	0%
Tideland	411	0%	0%	0%	0%	0%
Trend	104	0%	1%	2%	0%	0%
V-G-F-W	208	0%	0%	0%	0%	0%
Wake	308	0%	0%	0%	0%	0%
Wilson-Greene	404	0%	0%	0%	0%	0%

Accountability3-CDW

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### Accountability 3

**Performance Requirement: Submit timely and complete client data reports for all clients as specified: Client Data Warehouse(CDW) -**

Explanation: The following table depicts the percentage of clients admitted during Quarter 4 Apr - Jun 2003 with missing required fields.  
Please note: Area Programs that are shaded did not submit data to the CDW in Quarter 4.

Area Program/County	AREA CODE	STATE OF RESIDENCE	ABILITY TO PAY	COMPETANCY STATUS	COURT ORDER TYPE	EAP CODE	EDUCATION LEVEL	EMPLOYMENT STATUS	VETERAN STATUS
Alamance-Caswell	205	0%	0%	0%	0%	0%	0%	0%	0%
Albemarle	412	0%	5%	0%	0%	0%	0%	0%	0%
Blue Ridge	102	0%	0%	0%	0%	0%	0%	0%	0%
Catawba	109	0%	0%	0%	0%	0%	0%	0%	0%
CenterPoint	202	0%	0%	0%	0%	0%	0%	0%	0%
Crossroads	201	0%	1%	0%	0%	0%	0%	0%	0%
Cumberland	305	0%	0%	0%	0%	0%	0%	0%	0%
Davidson	302	0%	0%	0%	0%	0%	0%	0%	0%
EastPointe	413	0%	1%	0%	0%	2%	0%	0%	0%
Durham	207	0%	7%	3%	0%	0%	2%	2%	1%
Edgecombe-Nash	405	0%	0%	0%	0%	0%	0%	0%	0%
Foothills	105	0%	43%	3%	0%	37%	5%	5%	0%
Guilford	204	0%	0%	0%	0%	0%	0%	0%	0%
Johnston	307	0%	0%	0%	0%	0%	0%	0%	0%
Lee-Harnett	306	0%	1%	0%	0%	0%	0%	0%	0%
Mecklenburg	110	0%	0%	1%	0%	0%	8%	0%	0%
Neuse	407	0%	0%	0%	0%	0%	0%	0%	0%
New River	103	0%	0%	0%	0%	0%	0%	0%	0%
Onslow	402	0%	0%	0%	0%	0%	0%	0%	0%
Orange-Person-Chatham	206	0%	0%	0%	0%	0%	0%	0%	0%
Pathways	108	0%	0%	0%	0%	0%	0%	0%	0%
Piedmont	112	0%	0%	1%	0%	0%	13%	0%	0%
Pitt	409	0%	0%	0%	0%	0%	0%	0%	0%
Randolph	310	0%	1%	1%	1%	0%	0%	0%	0%
RiverStone	406	0%	100%	1%	0%	0%	2%	0%	0%

Area Program/County	AREA CODE	STATE OF RESIDENCE	ABILITY TO PAY	COMPETANCY STATUS	COURT ORDER TYPE	EAP CODE	EDUCATION LEVEL	EMPLOYMENT STATUS	VETERAN STATUS
Roanoke-Chowan	410	0%	0%	0%	0%	0%	0%	0%	0%
Rockingham	203	0%	0%	0%	0%	0%	0%	0%	0%
Rutherford-Polk	106	0%	0%	0%	0%	0%	0%	0%	0%
Sandhills	303	0%	0%	0%	0%	0%	0%	0%	0%
SE Center	401	0%	0%	0%	0%	0%	0%	0%	0%
SE Regional	304	0%	0%	0%	0%	0%	0%	0%	0%
Smoky Mountain	101	0%	0%	0%	0%	0%	0%	0%	0%
Tideland	411	0%	1%	0%	0%	0%	0%	0%	0%
Trend	104	0%	1%	2%	0%	0%	1%	0%	1%
V-G-F-W	208	0%	0%	0%	0%	0%	0%	0%	0%
Wake	308	0%	0%	0%	0%	0%	0%	0%	0%
Wayne	403	0%	0%	0%	0%	0%	0%	0%	0%
Wilson-Greene	404	0%	0%	0%	0%	0%	0%	0%	0%

Accountability3-CDW

2003-2004 Performance Agreement  
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### Accountability 3

**Performance Requirement: Missing Principal or Primary Diagnosis in the CDW- Not To Exceed**

Explanation: The following table depicts the percentage of clients admitted during quarter 4 with a missing principal or primary diagnosis.

**Percentage of Missing Diagnoses Quarter 3 (Apr - Jun 2003)**

Area Program/County	AREA CODE	PRINCIPAL DIAGNOSIS	PRIMARY DIAGNOSIS
Alamance-Caswell	205	15%	15%
Albemarle	412	3%	3%
Blue Ridge	102	0%	0%
Catawba	109	4%	4%
CenterPoint	202	4%	2%
Crossroads	201	20%	16%
Cumberland	305	0%	0%
Davidson	302	0%	0%
EastPointe	413	52%	42%
Durham	207	5%	4%
Edgecombe-Nash	405	8%	7%
Foothills	105	37%	10%
Guilford	204	2%	1%
Johnston	307	0%	0%
Lee-Harnett	306	2%	1%
Mecklenburg	110	10%	11%
Neuse	407	2%	2%
New River	103	1%	5%
Onslow	402	2%	2%
Orange-Person-Chatham	206	3%	2%
Pathways	108	5%	4%
Piedmont	112	17%	53%
Pitt	409	3%	2%

Area Program/County	AREA CODE	PRINCIPAL DIAGNOSIS	PRIMARY DIAGNOSIS
Randolph	310	4%	4%
RiverStone	406	6%	4%
Roanoke-Chowan	410	1%	0%
Rockingham	203	0%	0%
Rutherford-Polk	106	39%	37%
Sandhills	303	6%	2%
SE Center	401	2%	3%
SE Regional	304	0%	1%
Smoky Mountain	101	12%	15%
Tideland	411	4%	3%
Trend	104	12%	11%
V-G-F-W	208	4%	5%
Wake	308	1%	1%
Wilson-Greene	404	2%	2%

Accountability3-CDW

| 10%





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### Accountability 3

**Performance Requirement: Missing Substance Abuse Data in the CDW- Not To Exceed 10%**

Explanation: The following table depicts the percentage of clients admitted during quarter 4 with a principal or primary diagnosis of substance abuse who were missing required substance abuse data.

Area Program/County	AREA CODE	DRUG OF CHOICE	SERVICE TYPE	METHADONE	UFDS
Alamance-Caswell	205	0%	7%	7%	7%
Albemarle	412	1%	1%	1%	1%
Blue Ridge	102	0%	1%	1%	1%
Catawba	109	5%	6%	6%	6%
CenterPoint	202	1%	0%	0%	0%
Crossroads	201	3%	4%	4%	4%
Cumberland	305	0%	0%	0%	0%
Davidson	302	0%	1%	1%	1%
EastPointe	413	19%	41%	41%	41%
Durham	207	2%	7%	7%	7%
Edgecombe-Nash	405	1%	1%	1%	1%
Foothills	105	30%	38%	38%	38%
Guilford	204	2%	3%	3%	3%
Johnston	307	0%	0%	0%	0%
Lee-Harnett	306	8%	26%	26%	26%
Mecklenburg	110	19%	14%	14%	14%
Neuse	407	7%	7%	7%	7%
New River	103	25%	26%	26%	26%
Onslow	402	0%	1%	1%	1%
Orange-Person-Chatham	206	18%	14%	14%	14%
Pathways	108	0%	0%	0%	0%
Piedmont	112	40%	100%	100%	100%
Pitt	409	9%	3%	3%	3%

Area Program/County	AREA CODE	DRUG OF CHOICE	SERVICE TYPE	METHADONE	UFDS
Randolph	310	38%	70%	70%	70%
RiverStone	406	13%	100%	100%	100%
Roanoke-Chowan	410	0%	1%	1%	1%
Rockingham	203	0%	0%	0%	0%
Rutherford-Polk	106	60%	52%	52%	52%
Sandhills	303	0%	0%	0%	0%
SE Center	401	2%	1%	2%	2%
SE Regional	304	5%	3%	3%	3%
Smoky Mountain	101	9%	4%	4%	4%
Tideland	411	5%	20%	20%	20%
Trend	104	10%	52%	52%	52%
V-G-F-W	208	12%	8%	8%	8%
Wake	308	7%	4%	4%	4%
Wilson-Greene	404	0%	2%	2%	2%

Accountability3-CDW

**2003-2004 Performance Agreement  
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**Accountability 3**

**Performance Requirement:** Submit timely and complete client data reports for all clients as specified:

**Client Outcomes Instruments (COI)**

Explanation: At this time, there is only one accountability measure for client outcomes: (1) a comparison of the number of admissions where the client record number ends in a 3 or a 6 with the admissions in the CDW where the client record number ends in a 3 or a 6.

The following table is a report of initial COIs from 4/1/2003 through 6/30/2003.

1	2	3	4	5	6
Area Program Name	Admission Records Ending 3 or 6 in CDW	Admission COIs Submitted (3/6 Sampling Criterion )	NC TOPPS Admission Forms Ending in 3/6	Required Admission COIs As Percentage of CDW Admissions	% of Admission COIs and Admission NC TOPPS As Percentage of CDW
Alamance-Caswell	75	26	20	35%	61%
Albemarle	91	65	0	71%	71%
Blue Ridge	142	104	7	73%	78%
Catawba	96	96	0	100%	100%
CenterPoint	186	79	16	42%	51%
Crossroads	156	112	0	72%	72%
Cumberland	128	118	2	92%	94%
Davidson	60	43	0	72%	72%
EastPointe	152	123	0	93%	93%
Durham	91	13	12	14%	27%
Edgecombe-Nash	63	60	0	95%	95%
Foothills	42	40	0	95%	95%
Guilford	245	96	24	39%	49%
Johnston	78	77	0	99%	99%
Lee-Harnett	52	45	0	87%	87%
Mecklenburg	116	21	0	18%	18%
Neuse	56	47	0	84%	84%
New River	101	101	0	100%	100%
O-P-C	41	34	1	83%	85%
Onslow	71	58	0	82%	82%
Pathways	275	158	0	57%	57%
Piedmont	158	59	39	37%	62%
Pitt	62	43	15	69%	94%
Randolph	43	35	0	81%	81%
River Stone	48	47	0	98%	98%
Roanoke Chowan	53	53	0	100%	100%
Rockingham	51	37	0	73%	73%
Rutherford-Polk	45	14	0	31%	31%
Sandhills	141	59	34	42%	66%
Smoky Mountain	115	79	0	69%	69%
Southeastern	126	94	22	75%	92%
Southeastern Reg	93	55	28	59%	89%
Tideland	73	0	8	0%	11%

Trend	56	41	0	73%	73%
V-G-F-W	72	41	15	57%	78%
Wake	120	44	12	37%	47%
Wilson-Greene	36	35	0	97%	97%
Statewide Total	3609	2252	255	62%	69%

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### Accountability 3

**Performance Requirement:** Submit timely and complete client data reports for all clients as specified: **Client Data Warehouse (CDW)**

Explanation: The following table shows admission data submitted by Area Programs to the CDW as of October 24, 2003 at 07:43

Area Program/County	Facility Code	JULY	AUG	SEPT	First Quarter Adm 04	First Quarter Adm 03	Monthly Average 04	Monthly Average 03
Alamance-Caswell	23051	0	0	0	0	425	0	142
Albemarle	43121	173	140	134	447	451	149	150
Blue Ridge	13021	270	244	283	797	802	266	267
Catawba	13091	182	171	181	534	534	178	178
CenterPoint	23021	314	346	340	1,000	1,142	333	381
Crossroads	23011	244	245	282	771	808	257	269
Cumberland	33051	242	280	231	753	891	251	297
Davidson	33021	119	126	116	361	387	120	129
EastPointe	43131	283	197	91	571	343	190	114
Durham	23071	114	101	59	274	250	91	83
Edgecombe-Nash	43051	0	0	0	0	577	0	192
Foothills	13051	67	77	89	233	0	78	0
Guilford	23041	480	444	343	1,267	1,485	422	495
Johnston	33071	116	127	133	376	380	125	127
Lee-Harnett	33061	71	70	84	225	115	75	38
Mecklenburg						0	0	0
Carolina Medic	13101	359	4	0	363	1,031	121	344
Child Dev. Disabilities	13102	171	117	145	433	788	144	263
Neuse	43071	97	95	0	192	236	64	79
New River	13030	160	186	131	477	419	159	140
Onslow	43021	118	116	82	316	331	105	110
Orange-Person-Chatham	23061	1	0	0	1	378	0	126
Pathways	13081	428	460	481	1,369	1,617	456	539
Piedmont	13121	268	233	144	645	481	215	160
Pitt	43091	148	171	133	452	538	151	179
Randolph	33101	87	117	107	311	374	104	125
RiverStone	43061	54	80	59	193	270	64	90
Roanoke-Chowan	43101	95	83	60	238	338	79	113
Rockingham	23031	98	95	113	306	312	102	104
Rutherford-Polk	13061	107	90	85	282	166	94	55
Sandhills	33031	210	195	135	540	728	180	243
SE Center	43011	260	208	175	643	743	214	248
SE Regional	33041	74	98	115	287	118	96	39
Smoky Mountain	13010	234	278	258	770	775	257	258
Tideland	43111	142	185	131	458	361	153	120
Trend	13041	66	61	55	182	217	61	72
V-G-F-W	23081	86	84	65	235	450	78	150
Wake	33081	268	249	166	683	720	228	240
Wilson-Greene	43041	77	78	61	216	253	72	84

<b>TOTAL ADMISSIONS</b>		<b>6,283</b>	<b>5,851</b>	<b>5,067</b>	<b>17,201</b>	<b>20,234</b>	<b>5,734</b>	<b>6,745</b>
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### Accountability 3

**Performance Requirement: Submit timely and complete client data reports for all clients as specified: The Local Community Collaborative will submit Comprehensive Treatment Services Program (At Risk Children) waiting list data on a quarterly basis.**

Area Program/County	Waiting List Data Submitted
Alamance-Caswell	Yes
Albemarle	Yes
Blue Ridge	Yes
Catawba	Yes
CenterPoint	Yes
Crossroads	Yes
Cumberland	Yes
Davidson	Yes
Eastpoint	Yes
Durham	Yes
Edgecombe-Nash	Yes
Foothills	Yes
Guilford	Yes
Johnston	Yes
Lee-Harnett	Yes
Mecklenburg	Yes
Neuse	Yes
New River	Yes
Onslow	Yes
Orange-Person-Chatham	Yes
Pathways	Yes
Piedmont	Yes
Pitt	Yes
Randolph	Yes
RiverStone	Yes
Roanoke-Chowan	Yes
Rockingham	Yes
Rutherford-Polk	Yes
Sandhills	Yes
Smoky Mountain	Yes
Southeastern Center	Yes
Southeast Regional	Yes
Tideland	Yes
Trend	Yes
Vance-Granville-Franklin-Warren	Yes
Wake	Yes
Wayne	Yes
Wilson-Greene	Yes